

Heredity and Genetics

Dates: July 13-17, 2009

Location: Health Sciences Education Building (HSEB), University of Utah

Credit: USOE or 3 University of Utah semester hours

Instructors: Louisa Stark, Ph.D., Andee Bowhuis, Molly Malone

Instructor Contact Information:

Molly Malone mmalone@genetics.utah.edu

Registration Fee and Deposit:

\$275 registration fee

\$40 deposit payable to the University of Utah

Both a signed USOE registration form and online registration are required

<http://teach.genetics.utah.edu/workshops/hg2009>
available after February 16, 2009)

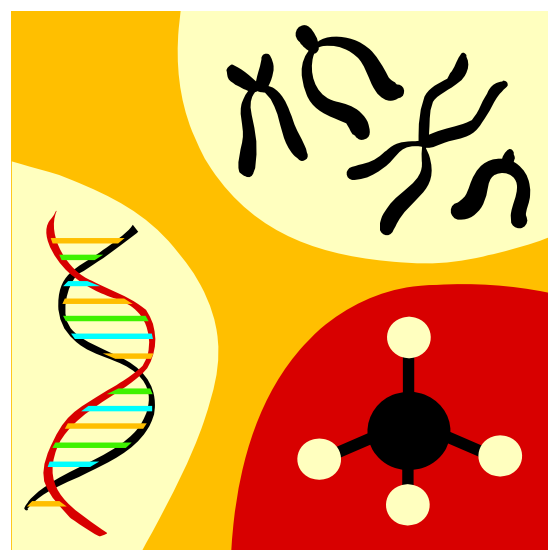
Send registration form and deposit to:

Molly Malone attn: H&G Registration

Genetic Science Learning Center

15 North 2030 East, Room 2160

Salt Lake City, UT 84112-5330



Registration Contact Information:

Molly Malone mmalone@genetics.utah.edu

Course Description:

Learn the basics of DNA, genes, chromosomes, inheritance and reproduction through hands-on activities that translate directly to your classroom. Catch up with current advances in genetics and learn about the technologies and bioethical issues surrounding stem cells, cloning, gene therapy, personalized medicine, and genetics and addiction. Participants in the course will engage in classroom-ready activities, carry out experiments, and take part in discussions with scientists from the University of Utah about cutting-edge research in the field. Participants also will take home an extensive CD-ROM of lesson plans, activities, and resources that directly address the Utah Core Curriculum Standards in heredity and genetics.

The course meets for 45 hours of instruction and includes pre- and post-course assignments in addition to those completed during the course

All course communication will be made thru the email address provided on your registration form.
(Please provide an out of school summer contact for much of the correspondence may occur during the summer prior to the beginning of the course.)



2009 Science Professional Development Registration Form

(Duplicate as Necessary)

Mail to:

Workshop Contact:

Workshop Title	Date	Location	Registration Fee

Contact Information:

Teacher: _____
District: _____
School: _____
Grade Level/Subject: _____
Home Address: _____
City: _____ Zip: _____
Home phone: _____
School phone: _____
CACTUS # : _____
E-mail: _____

Commitment to Attend & District Approval:

I understand that I am committing to this workshop and I will cancel at least two weeks prior to the workshop if I am unable to attend.

Teacher Signature: _____

Signature of Principal or District Representative indicates source of registration payment for workshop:

☐ **PERSONAL** Check # _____ enclosed **OR**

☐ **SCHOOL** _____ **OR**
Principal

☐ **DISTRICT** _____
District Representative

**Please contact your school or district to determine if approval is needed prior to registration.*

☐ Bill to This Address

Return this completed registration form and your refundable deposit check to the above listed workshop contact.

A separate registration form must be submitted for each workshop you plan to attend.